

BEST AVAILABLE COPY

CLAIMS ONLY						Application Number		Filing Date				
						Applicant(s)						
						* May be used for additional claims or amendments						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1							51					
2							52					
3							53					
4							54					
5	1						55					
6		1					56					
7							57					
8							58					
9							59					
10							60					
11							61					
12							62					
13							63					
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18							68					
19							69					
20							70					
21							71					
22		1					72					
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43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep							Total Indep					
Total Depend							Total Depend					
Total Claims							Total Claims					